

Early childhood intervention offers value for money and can improve children's quality of life, but government should consider how far it can intervene before it starts to interfere with individual liberty.

Early intervention offers a relatively cost effective method of increasing people's quality of life from a very early age. [Tim Linehan](#) argues, using the example of consuming alcohol in pregnancy, that despite its attractiveness, government must consider how far its interventions can go without interfering with individual freedoms and freedom of choice.

At its worst, early childhood intervention is a truism of pretty much unprecedented banality. It states that if you tackle problems early enough you will save money and improve a child's quality of life. It may be true, but it's also simplistic. Professionals who work with families where there is suspected neglect or abuse, self-harm or simply unrelenting deprivation will attest to the complexity of identifying problems early and providing the best intervention at the right time.

The moves towards early intervention, explored recently by the coalition in Graham Allen's [reports](#) on the savings to be made in early intervention, have been welcomed across the board. But rather than plaudits, I argue that what is needed is a sophisticated critique and some careful thinking about its implications. Sorcha Mahony from the New Economics Foundation [argued](#) that an unsophisticated interpretation of early intervention puts the onus on the individual and their need to change their own lives, whereas their struggles are usually deeply rooted in structural or historical problems. Peter Moss from the Thomas Coram Foundation has also [argued](#) along similar lines, that there is a danger that the impact of poverty is being redacted from the handbook as early intervention – and particularly parenting – increasingly focuses on individual behaviour.

One of the most interesting analyses of early intervention – *Grasping the Nettle* [published](#) by the Centre for Excellence and Outcomes in Children's and Young People's Services – showed that a focus on behaviour was a one of the major characteristics in successful interventions. The Wellbeing movement, which has been so influential of late, is founded on a belief that behaviour change can produce improvements in people's lives and make them happier. There's nothing wrong with this in itself. But it can lead to a belief that people living in hardship are the authors of their own downfall. The need to improve social mobility and reduce poverty takes a back seat.

Behaviourist interventions

A behaviourist approach does not aim necessarily to solve problems, but enables people to live with them. And perhaps, for some, that's about as good as it gets.

Behaviourism can make people whose behaviour is unacceptable become acceptable to others. But if you're someone who has been neglected or sexually abused as a child, simply learning how to behave in a more acceptable manner may help you become more integrated in society, but it won't resolve the pain of your experience. What's required is a much more rigorous philosophy of early intervention, something notably absent from [Graham Allen's reports](#).

Take, for example, Foetal Alcohol Spectrum Disorder (FASD). [FASD](#) is the largest preventable disability and the leading known cause of intellectual disability in the Western World. In the next few years it will become a key point of policy contention and force people into some very difficult decisions. More children suffer from FASD than from Down's syndrome, cerebral palsy, cystic fibrosis and spina bifida combined. Both Graham Allen and *Grasping the Nettle* highlighted the need for early intervention to start in the womb based on concerns about FASD.

What does this actually mean? Well, a pregnant woman who is drinking alcohol in quantities that is dangerous to her child will be offered support to control her drinking. But the time available for intervention is very tight. Any behavioural programmes struggle to make an impact in the few weeks available. With pregnancy this is complicated by the time it takes for a woman to realise she's pregnant, the time it takes for a health professional to understand that she may have an alcohol or drug problem, and then the time it takes to set up appointments, counsel, and create a programme for behaviour change. Yet very rapid action

is required if the risk of life-long disability for the child is to be avoided along with the huge cost to the state.

Economics and the early intervention agenda

UK policy has always been driven by economics, and again it is economics that is pushing the early intervention agenda. Economics, like behaviourism, is not a philosophy, it's a discipline and as such does not provide us with guidance about what early intervention actually means.

If we accept that a mother is damaging a child in her womb (which is how both the early intervention reports mention describe the status of the child-to-be) then what is the best course of action? The difference with disability caused by FASD is that it can be a result of individual choice in the way a genetic disability is not. Of course, we can argue about the extent to which people choose to drink excessively while they're pregnant, but the point is that it can be possible to stop people from drinking. In fact, drinking-cessation programmes are a good example of behaviourist intervention.

What about a mother's right to liberty?

Once a child is born, these decisions are more straightforward. But if early intervention is about intervening in a child's life, and if the child's life is 'paramount' as the Children Act 1989 made clear, then does it follow that a mother's right to liberty is overridden by the right of a child to be protected? Even before the child is born? It's no good saying that we hope that most people will accept or respond to intervention, because some won't.

So far from being a simplistic notion, early Intervention raises complex questions about individual agency, structural impact, individual liberty and the status of the child. If early intervention is going to become anything more than a disguise for a programme of savage cuts, these issues will have to be tackled.

Early intervention undoubtedly offers value for money. Yet, too often when we consider cost-effectiveness of intervention we focus just on costs. Social work, health and education are human disciplines based on values. What, we might ask, are the 'values' we want to see expressed when we demand value for money? This is the next question that early intervention must address.